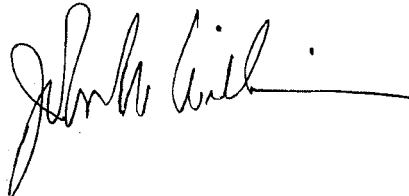


For: FSA and RMA Employees

**Gainsharing Travel Savings Program**

Approved by: Deputy Administrator, Management



**1 Overview**

**A Background**

The Government Employees Incentive Awards Act (5 U.S.C. 4501-4507) authorizes an agency to pay a cash award for “efficiency” or “economy”. The Gainsharing Travel Savings Program is designed to reward employees who save the Government money while on Temporary Duty (TDY) travel.

**B Purpose**

This notice:

- continues the Gainsharing Travel Savings Program for FSA and RMA employees
- informs employees, supervisors, and managers of the procedures to follow when using the program
- clarifies the lodging credit when employees avoid lodging expenses when staying with family or friends.

**C Labor-Management Obligations**

Where exclusive representation exists, bargaining may be requested to the extent allowed by applicable statutes. Where contract language already addresses these policies and procedures for bargaining unit employees, contract language prevails.

<b>Disposal Date</b>	<b>Distribution</b>
January 1, 2008	All FSA and RMA employees; State Offices relay to County Offices

## 2 Gainsharing Travel Savings Program

### A General

The Government Employees Incentive Awards Act (5 U.S.C. 4501-4507) authorizes an agency to pay a cash award for “efficiency” or “economy”. FSA and RMA will continue rewarding employees who save the Government money from using either of the following:

- less expensive lodging
- frequent flyer benefits to purchase airline tickets for official travel.

**Note:** Employee participation in the program is optional.

### B Types of Travel Covered

All TDY travel with lodging expenses, foreign and domestic, will be covered under this program.

**Note:** Only the 1st 30 calendar days of **extended** TDY travel (that is, a detail of more than 30 calendar days where a reduced per diem amount is required) can be counted as eligible for savings in the program.

### C Lodging Savings

Employees who participate in the program can receive cash awards for incurring lodging expenses at a daily rate that is less than the maximum lodging rate for the locality under the lodging plus method.

- Awards will **not** be made to individual employees on travel where lodging was prepaid or prearranged and lower hotel rates were the result of contractual arrangements with the hotel.

**Note:** Any savings resulting from shared accommodations under such an arrangement do qualify for the travel savings award.

- Under the Federal Premier Lodging Value Program, GSA is pursuing reduced hotel rates through agreements with hotels in major cities.

**Note:** Lodging savings that are not eligible for the Gainsharing Travel Savings Program include the following:

- hotels in the program
  - hotels under “preferred property” agreements.
- The amount of lodging savings must be reduced when excess transportation costs are incurred while staying at lodging more distant from the TDY site.

## 2 Gainsharing Travel Savings Program (Continued)

### C Lodging Savings (Continued)

- When a room is shared while on official travel, there will be a lodging savings.

**Note:** Employees should arrange to be billed separately. If separate bills are not possible, a daily rate must be determined for each employee. Divide the total lodging costs by the number of employees and the number of nights to arrive at a daily rate for each employee.

- All employees are encouraged to stay at a hotel that meets the requirements of the Hotel and Motel Fire Safety Act of 1990.

**Note:** Hotels in compliance are at [www.usfa.dhs.gov/applications/hotel/](http://www.usfa.dhs.gov/applications/hotel/).

- Lodging costs incurred on personal time, such as annual leave during official travel or any other type of personal preference travel used with official travel, will not be counted as lodging savings under this program.
- Employees who stay with someone while on official travel and avoid lodging expenses will receive credit for **half of the lodging rate** for the locality toward the travel savings cash award.

**Example:** Lodging cost is \$100 per night. The employee will receive \$50 credit. Enter \$50 on AD-2036, line (5), "Lodging Savings for Agency".

- Employees who incur additional transportation expenses must have those expenses deducted from their lodging savings.

**Note:** A determination must be made by the Approving Official that any transportation expenses incurred were excessive. **Examples of excess transportation costs** include, but are not limited to, the following:

- renting a vehicle, when a vehicle would not normally be rented at a TDY site, to travel to a place of free or reduced lodging
- when driving a privately-owned vehicle, driving 25 or more miles than would normally be traveled to/from the TDY site to obtain free or reduced lodging
- where a taxi fare incurred is 15 percent or more than what would normally be charged to obtain free or reduced lodging.

2 **Gainsharing Travel Savings Program (Continued)**

**D Redemption of Frequent Flyer Benefits**

Employees who obtain a free coach class ticket with frequent flyer benefits earned on official Government travel or personal travel are eligible for the travel savings award. Savings will be measured against the contract rate in effect at the time of the flight plus the applicable Travel Management Center (TMC) fee. If there is no contract rate, then the lowest available nonrestricted coach fare, plus the applicable TMC fee, will be used as the basis for measurement of the savings.

**E Amount of Award**

The amount of the award for each employee will be 50 percent of the savings on lodging expenses and the contract carrier airfare. Because Federal, State, local, and FICA taxes will be withheld on the award, the lowest minimum cumulative award that can be received is \$100.

**F Criteria for Award**

The cumulative savings **to the Government** must be at least \$200 before the employee is eligible to receive an award.

**G Process and Responsibilities**

The applicant will complete and submit AD-2036 (Exhibit 1) at <http://165.221.16.90/dam/ffasforms/forms.html> for all trips that show lodging savings or redemption of frequent flyer benefits.

- Each time the employee records savings, AD-2036 must be submitted to the traveler's Approving Official with the appropriate AD-616.

**Note:** After review of AD-616 and AD-2036, the Approving Official **will initial** AD-2036 by each trip.

- When the cumulative savings to the Government has reached at least \$200, the employee and his or her Approving Official **will sign** each AD-2036 that is submitted as supporting documentation for the award.

**Notice PM-2583**

**2 Gainsharing Travel Savings Program (Continued)**

**G Process and Responsibilities (Continued)**

- All eligible employees must submit AD-287-2, AD-2036, and supporting documents to the Servicing Personnel Office by September 16 of each year, which will allow for processing time before the end of the FY.

**Note:** Any cumulative savings occurring after September 16 should be turned in as soon as possible after the end of the FY. If the \$200 criterion is not met before the end of the FY, it may be carried forward until it is met; however, the savings **must** be broken out by FY.

- The Approving Official shall provide a copy of AD-287-2 to BUD so that funds can be transferred from the travel allotment to the awards allotment.

**H Availability and Completion of Forms**

AD-2036 is available at <http://165.221.16.90/dam/ffasforms/forms.html>. Instructions for completing AD-2036 are in Exhibit 2. An example of AD-287-2 is in Exhibit 3.

**I Distribution of Forms**

The applicant shall send the original AD-2036, AD-287-2, and copy of AD-616 to the following.

<b>IF the employee is located in...</b>	<b>THEN send AD-2036, AD-287-2, and AD-616 to...</b>
<ul style="list-style-type: none"><li>• FSA National Office</li><li>• RMA National Office</li></ul>	HRD, EPB-AWARD ATTN: Angela Jackson STOP 0595 1400 Independence Ave., SW. Washington, DC 20250-0595  Phone: 202-401-0682 FAX: 202-205-9140.
<ul style="list-style-type: none"><li>• KCCO</li><li>• FSA, FMD, Financial Services Center</li><li>• KCHRO</li></ul>	KCHRO, ELRS ATTN: Dana Candler STOP 8398 6501 Beacon Drive Kansas City, MO 64133  Phone: 816-926-6117 FAX: 816-926-6156.

**Notice PM-2583**

**2 Gainsharing Travel Savings Program (Continued)**

**I Distribution of Forms (Continued)**

<b>IF the employee is located in...</b>	<b>THEN send AD-2036, AD-287-2, and AD-616 to...</b>
<ul style="list-style-type: none"> <li>• FSA, MSD, Kansas City Administrative Services Branch</li> <li>• FSA, Acquisition Management Division</li> <li>• APFO</li> <li>• RMA</li> </ul>	KCHRO, ELRS ATTN: Patty Gepford STOP 8398 6501 Beacon Drive Kansas City, MO 64113  Phone: 816-926-6259 FAX: 816-926-6156.
FSA, ITSD	KCHRO, ELRS ATTN: Anne Wheeler STOP 8398 6501 Beacon Drive Kansas City, MO 64113  Phone: 816-926-6184 FAX: 816-926-6156.
State and County Offices	State Office, Administrative Division.

The travel savings data on AD-2036 will be used to generate a nationwide report on the Gainsharing Travel Savings Program.

**Example of AD-2036, Gainshare Travel Savings Form****Trip 1:**

- Employee travels TDY to City X for 4 days.
- The contract carrier rate was \$1,000 round trip. The employee uses his or her frequent flyer benefits for a half price ticket (\$500 benefit) and has a TMC fee of \$20. The airfare savings to the Agency is \$480 (the frequent flyer benefits minus the TMC fees).
- The government hotel rate is \$100 per night, but the employee was able to get a room for \$90 per night. The lodging savings to the Agency is \$10 per day.
- The employee saved the Agency \$40 for lodging expenses and saved an additional \$480 on airfare costs.

**Trip 2:**

- Employee travels TDY to City B for 3 days.
- The government hotel rate is \$100 per night, but the employee was able to get a room for \$50 per night. However, the excessive transportation to the cheaper hotel was \$30 a day. The lodging savings to the Agency is \$20 per day (actual lodging costs minus excessive transportation).
- The employee saved the Agency \$60 for lodging expenses.

**Trip 3:**

- Employee travels TDY to City N for 7 days.
- The government hotel rate is \$100 per night; however, the employee stays with family members while in City N. The Gainsharing policy states the employee will receive credit for half of the lodging rate. Therefore, the employee should indicate \$50 (half of hotel rate) each day on AD-2036, line (5).
- The contract carrier rate was \$350 round trip. The employee uses his or her frequent flyer benefits for a free ticket (\$350 benefit) to save the Agency money and has a TMC fee of \$20. Therefore, the airfare savings to the Agency is \$330 (the frequent flyer benefits minus the TMC fees).
- The employee saved the Agency \$350 for lodging expenses and saved an additional \$330 on airfare costs.

Example of AD-2036, Gainshare Travel Savings Form (Continued)

This is an example of a completed AD-2036.

This form is available electronically.							
<b>AD-2036</b> U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency <b>GAINSHARE TRAVEL SAVINGS FORM</b>				1. EMPLOYEE'S NAME (Last, First, Middle Initial) TRAVELER, HARRY		3. INDICATE APPROPRIATE AGENCY (Check one of the following.) <input type="checkbox"/> RMA <input checked="" type="checkbox"/> FSA	
				2. EMPLOYEE'S SOCIAL SECURITY NUMBER (Last 4 digits)    XXX-XX-4321			
4A. 1ST TRIP - TRAVEL AUTHORIZATION NUMBER:		4B. FEMA NUMBER (or hotel/motel property number):		4C. APPROVING OFFICIAL'S INITIALS:		4D. FISCAL YEAR:	
<b>SAVINGS COMPUTATION:</b>							
(1) Day of Week/Date (MM-DD-YYYY)	1st NIGHT MON 2/19/2007	2nd NIGHT TUE 2/20/2007	3rd NIGHT WED 2/20/2007	4th NIGHT THURS 2/20/2007	5th NIGHT	6th NIGHT	7th NIGHT
(2) Maximum Lodging Rate	\$ 100	\$ 100	\$ 100	\$ 100	\$	\$	\$
(3) Minus Actual Lodging Cost	\$ 90	\$ 90	\$ 90	\$ 10	\$	\$	\$
(4) Minus Excessive Transportation	\$	\$	\$	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 10	\$ 10	\$ 10	\$ 10	\$	\$	\$
(6) Contract Carrier Cost	\$ 1000	\$	\$	\$	\$	\$	\$
(7) Frequent Flyer Benefits minus TMC Fees	\$ 480	\$	\$	\$	\$	\$	\$
(8) Airfare Savings	\$ 480	\$	\$	\$	\$	\$	\$
(9) Total Savings for Agency (Line 5 plus Line 8)	\$ 490	\$ 10	\$ 10	\$ 10	\$	\$	\$
5A. 2ND TRIP - TRAVEL AUTHORIZATION NUMBER:		5B. FEMA NUMBER (or hotel/motel property number):		5C. APPROVING OFFICIAL'S INITIALS:		5D. FISCAL YEAR:	
<b>SAVINGS COMPUTATION:</b>							
(1) Day of Week/Date (MM-DD-YYYY)	1st NIGHT MON 2/26/2007	2nd NIGHT TUE 2/27/2007	3rd NIGHT WED 2/28/2007	4th NIGHT	5th NIGHT	6th NIGHT	7th NIGHT
(2) Maximum Lodging Rate	\$ 100	\$ 100	\$ 100	\$	\$	\$	\$
(3) Minus Actual Lodging Cost	\$ 50	\$ 50	\$ 50	\$	\$	\$	\$
(4) Minus Excessive Transportation	\$ 30	\$ 30	\$ 30	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 20	\$ 20	\$ 20	\$	\$	\$	\$
(6) Contract Carrier Cost	\$	\$	\$	\$	\$	\$	\$
(7) Frequent Flyer Benefits minus TMC Fees	\$	\$	\$	\$	\$	\$	\$
(8) Airfare Savings	\$	\$	\$	\$	\$	\$	\$
(9) Total Savings for Agency (Line 5 plus Line 8)	\$ 20	\$ 20	\$ 20	\$	\$	\$	\$
6A. 3RD TRIP - TRAVEL AUTHORIZATION NUMBER:		6B. FEMA NUMBER (or hotel/motel property number):		6C. APPROVING OFFICIAL'S INITIALS:		6D. FISCAL YEAR:	
<b>SAVINGS COMPUTATION:</b>							
(1) Day of Week/Date (MM-DD-YYYY)	1st NIGHT MON 3/5/2007	2nd NIGHT TUE 3/6/2007	3rd NIGHT WED 3/7/2007	4th NIGHT THURS 3/8/2007	5th NIGHT FRI 3/9/2007	6th NIGHT SAT 3/9/2007	7th NIGHT SUN 3/10/2007
(2) Maximum Lodging Rate	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
(3) Minus Actual Lodging Cost	\$	\$	\$	\$	\$	\$	\$
(4) Minus Excessive Transportation	\$	\$	\$	\$	\$	\$	\$
(5) Lodging Savings for Agency	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
(6) Contract Carrier Cost	\$ 350	\$	\$	\$	\$	\$	\$
(7) Frequent Flyer Benefits minus TMC Fees	\$ 330	\$	\$	\$	\$	\$	\$
(8) Airfare Savings	\$ 330	\$	\$	\$	\$	\$	\$
(9) Total Savings for Agency (Line 5 plus Line 8)	\$ 380	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
<b>7. SUMMARY DATA</b>				<b>EMPLOYEE AND AGENCY APPROVING SIGNATURES</b>			
a. Total Dollar Amount of Lodging Savings: (Enter Total of Items A(5).)		\$ 40	\$ 60	\$ 350	9A. EMPLOYEE'S SIGNATURE		9D. EMPLOYEE'S OFFICE LOCATION (Include Branch/Division)
b. Total Dollar Amount of Airfare Savings: (Enter Total of Items A(8).)		\$ 480	\$	\$ 330	9B. DATE (MM-DD-YYYY)		
c. Total Dollar Amount of Savings for Agency: (Enter Total of Items A(9).)		\$ 520	\$ 60	\$ 680	9C. TELEPHONE NO. (Area Code)		
d. Summary Total: (Enter the Total of all Item 7c Dollar Amounts from 1st, 2nd and 3rd Trips)		\$ 1260			10A. AGENCY APPROVING OFFICIAL'S SIGNATURE		10B. DATE (MM-DD-YYYY)
e. Total Dollar Amount Awarded to Employee: (Enter 50% of Total Dollar Amount from Item 7d)		\$ 630			10C. TITLE OF APPROVING OFFICIAL		
8A. EMPLOYEE SUPERVISOR'S NAME		8B. EMPLOYEE SUPERVISOR'S TELE. NO. (Area Cd.)					
NOTE: SUBMIT THIS FORM WITH THE APPROPRIATE VOUCHERS AND FORM AD-287-2, RECOMMENDATION AND APPROVAL OF CASH AWARD OR QUALITY INCREASE, TO SUPERVISOR FOR APPROVAL.							



**Instructions for Completing AD-2036**

Up to 3 trips may be recorded on each AD-2036. When lodging savings or redemption of frequent flyer benefits are realized for a trip, record the trip on AD-2036 and submit it with the appropriate AD-616 to the Approving Official. The employee and the Approving Official will sign and date each AD-2036 **when a minimum of \$200 in savings for the Government** is accumulated. AD-287-2 (Exhibit 3) may then be prepared and sent to the Servicing Personnel Office, **with a copy to the appropriate Travel Coordinator.**

Complete AD-2036 according to the following table.

Item	Instructions
1	Enter employee’s name (last, first, and middle initial).
2	Enter the last 4 digits of the employee’s Social Security number.
3	Enter a checkmark in the box to indicate the appropriate agency.
<b>Table Authorization</b>	
4A - 6A	Enter the 1st, 2nd, or 3rd trip AD-202 number.
4B - 6B	Enter FEMA or property number for the hotel/motel identified on the Hotel and Motel Fire Safety Act of 1990 National Master List. The Hotel and Motel Fire Safety Act of 1990 National Master List is at <a href="http://www.usfa.dhs.gov/applications/hotel/">www.usfa.dhs.gov/applications/hotel/</a> .
4C - 6C	Enter Approving Official’s initials.
4D - 6D	Enter FY in which savings occurred for each trip. If 1 trip crosses FY’s, enter the savings for the first FY as 1 trip and the savings for the second FY as another trip.
<b>Savings Computation for 1st, 2nd, and 3rd Trip</b>	
(1)	Enter day of the week and date for each night of lodging as savings were realized.
(2)	Enter maximum lodging rate for the TDY locality for each night’s lodging.  <b>Note:</b> In the example, \$100 was recorded for Monday for the 1st night of the 1st trip.
(3)	Enter actual lodging costs for each night’s lodging. If employees avoided all lodging costs by staying with friends or relatives, enter 50 percent of the maximum lodging rate.
(4)	Enter any excessive transportation costs incurred when the lodging is more distant from the TDY site. A determination must be made by the Approving Official that any transportation expenses incurred were excessive. Refer to subparagraph 2 C for examples of excess transportation costs.
(5)	Enter the actual lodging expenses and any excessive transportation expenses that are deducted from the maximum lodging rate for each night to arrive at the net lodging savings for the Government.
(6)	If frequent flyer benefits are being realized, enter the cost of the contract carrier or lowest coach fare available for the airline cost.
(7)	Enter frequent flyer benefits redeemed.  <b>Note:</b> In the example, the traveler did not fly on the 2nd trip and the traveler received a half-price ticket for the 1st trip.
(8)	Enter the calculated airfare savings.
(9)	Enter the total calculated savings for the Government (line (5) plus line (8)).

Instructions for Completing AD-2036 (Continued)

Item	Instructions
<b>Summary Data</b>	
7a	Enter total dollar amount of lodging savings. Enter the total items 4A(5), 5A(5), and 6A(5) for the 1st, 2nd, or 3rd trip recorded.
7b	Enter total dollar amount of airline savings. Enter the total items 4A(8), 5A(8), and 6A(8) for the 1st, 2nd, or 3rd trip recorded.
7c	Enter total dollar amount of savings for the Agency. Enter the total items 4A(9), 5A(9), and 6A(9) for the 1st, 2nd, or 3rd trip recorded.
7d	Enter summary totals.
7e	Enter total dollar amount of award to employee.
8A	Enter name of employee’s supervisor.
8B	Enter telephone number, including area code, of employee’s supervisor.
<b>Employee and Agency Approving Signatures</b>	
9A	Enter employee’s signature.
9B	Enter date (MM-DD-YYYY) the employee entered his or her signature.
9C	Enter employee’s telephone number, including area code.
9D	Enter employee’s office location, including the Branch and Division.
10A	Enter signature of the Agency Approving Official.
10B	Enter date the Agency Approving Official signed AD-2036.
10C	Enter title of the Agency Approving Official.

**Note:** Submit AD-2036, appropriate AD-616’s, and AD-287-2 to the Approving Official for approval.

Example of AD-287-2, Recommendation and Approval of Awards

This is an example of a completed AD-287-2.

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.						
U.S. DEPARTMENT OF AGRICULTURE <b>RECOMMENDATION &amp; APPROVAL OF AWARDS</b>				CASE NO. (Personnel Use Only)		
<b>NOTE:</b> For group awards, attach list of group members. Show data in Items 2-9, and award amount for each payee.						
1. AGENCY FARM SERVICE AGENCY			2. NAME OF EMPLOYEE (Last, first, middle initial) TRAVELER, HARRY			
3. SOCIAL SECURITY NO. - - 4321		4. POSITION TITLE Executive Officer		5. PAY PLAN-SERIES/GRADE/STEP GS-303-12		
6. ORGANIZATION AND LOCATION City Z, AK		7. PERIOD COVERED FOR AWARD (MMDDYY) FROM: 02-19-07 TO: 03-10-07		8. ACCOUNTING CODE		
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address):			(ADDRESS)			
10. LIST AWARDS OR QSIS IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date) Leave Blank						
11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS (This language will appear on the employee's certificate.) EMPLOYEE IS BEING RECOGNIZED FOR: Leave Blank						
<b>COMPLETE THE APPROPRIATE AWARD SECTION</b>						
EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (Check one) <input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION* <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> EXTRA EFFORT AWARD* <input type="checkbox"/> SPOT AWARD <input type="checkbox"/> TIME OFF AWARD** <input type="checkbox"/> OTHER* <input checked="" type="checkbox"/> GAINSHARING AWARD					
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount/hours, or value of item) \$630.00	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) <input type="checkbox"/> MEASURABLE BENEFITS SCALE \$ <input type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS VALUE OF BENEFITS APPLICATION		
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (Check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD* <input type="checkbox"/> QUALITY STEP INCREASE* Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	
	RECOMMENDATION AND APPROVAL					
20a. RECOMMENDING INDIVIDUAL (Signature)		DATE	20b. NAME AND TITLE (Print)		DATE	
21a. REVIEWING OFFICIAL (Signature)		DATE	21b. NAME AND TITLE (Print)		DATE	
22a. APPROVING OFFICIAL (Signature)		DATE	22b. NAME AND TITLE (Print)		DATE	
/s/ Supervisor authorized to approve travel						
<b>PERSONNEL USE ONLY</b>						
23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: *	25. TO (Grade and Step):	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
I certify that the proposed action is in compliance with statutory and regulatory requirements.			29. PERSONNEL OFFICIAL (Signature and Title)		DATE PROCESSED	
This electronic version was designed using Word 2000 for Windows by USDA-FSA.						
<b>Form AD-287-2 (7/94)</b>						
Check applicable copy designation as shown below: ( ) ORIGINAL-Processing Copy ( ) 1st Copy-Official Personnel Folder ( ) 2nd Copy-Obligation Record ( ) 3rd Copy-Employee Copy						